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To: Kent Health and Wellbeing Board

Subject: Engagement with Providers: current and future arrangements

Classification: Unrestricted

## **1. Recommendations**

- (1) The Health and Wellbeing Board is asked to note the current relationship arrangements both with statutory partners and with wider stakeholders.
- (2) The Health and Wellbeing Board is asked to consider options on what can be done to further enhance relationships with provider partners during the transition year and beyond

## **2. Introduction**

(1) The potential of the Health and Wellbeing Board (HWB) is to transform health and social care and achieve a better experience of health and social care for individuals. The Board will do this by facilitating a shift to integrated commissioning and to improve the health status of communities. This involves a new relationship between GPs as the new commissioners of health services, councillors and local public through the new Health Watch.

(2) The Board is aware that for Health and Wellbeing commissioning arrangements to have real significance and impact, they need to be owned by a wide range of partners, including private and statutory sector bodies, voluntary and community sector organisations, local social enterprises and other user-led and community member led organisations and groups, agencies and the communities served by them. The HWB members have been considering engagement plans with provider services, and intend to work within the whole system to promote collaborative commissioning, informed by intelligence and develop a substructure that has clinical engagement at its heart.

## **3. Relevant priority outcomes**

The white paper *Equity and Excellence: Liberating the NHS* (DH 2010) spelled out a role for Health and Wellbeing Boards of 'holding the ring' between adult social care, public health and the wider NHS. One key element of the health reforms is the move towards commissioning for outcomes. The HWB will do this by understanding the needs of the local population through a Joint Strategic Needs Assessment and by producing a Joint Health and Wellbeing Strategy (JHWS). This will enable the HWB to go further than analysis of common problems and to develop solutions to those challenges. Underpinning the implementation of JHWS will be deep and productive

partnerships that will enable partners to foster sound relationships that will encourage development of solutions to the challenges facing the local population.

#### **4. Financial implications**

None

#### **5. Legal Implications**

The Health and Social Care Act sets out the powers and duties of Boards, in summary, these are to:

- Undertake a joint strategic needs assessment
- Develop a joint Health and Wellbeing Strategy between the Council, the GP commissioners and the NHS Commissioning Board
- Encourage integrated working between providers, including the use of pooled budgets and other financial arrangements
- For Board members who are also commissioners –they have regard to the JSNA and the Health and Wellbeing Strategy when making commissioning decisions.

#### **6. Main body and purpose of report**

(1) On-going work is continuing to secure a robust methodology for community engagement and how it informs the development of health and wellbeing strategy.

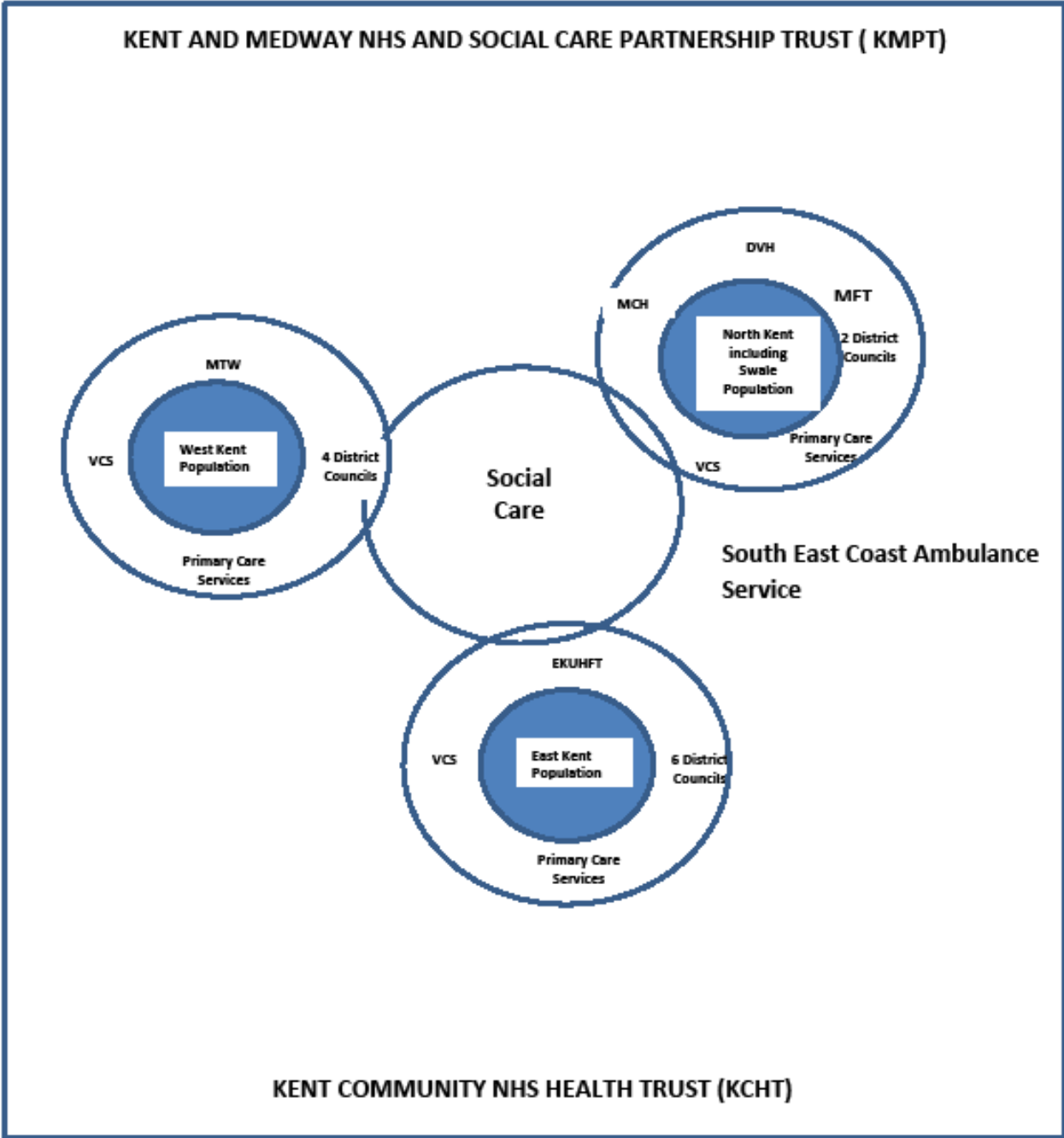
(2) This paper highlights current relationship arrangements of the Board with wider stakeholders. The paper also suggests options for the Board to deliberate on how these relationships could be taken forward post April 2013 in delivering the outcomes of the Joint Health and Wellbeing Strategy.

##### **6.1 Current landscape**

(1) As the key vehicle to drive health and social care partnership, HWBs offer the opportunity for system-wide leadership to improve related outcomes. Their agenda extends beyond health and adult social care to include children's health and wellbeing, and wider areas that impact on health such as housing, education and the environment.

(2) Within the health and social care sector, given the widespread complex geography of Kent there are three natural geographical boundaries partly created as a result of three acute providers and partly informed by the current configuration of Clinical Commissioning Groups. These virtual 'health economies' are illustrated in Figure1 opposite:

Figure 1



MTW: Maidstone and Tunbridge Wells NHS Trust  
DVH: Darent Valley Hospital NHS Trust  
EKUHFT: East Kent University Hospitals Foundation Trust  
MFT: Medway Foundation NHS Trust  
MCH: Medway community Healthcare  
SECAS: South East Coast Ambulance Service  
NHS Foundation Trust

VCS: Voluntary and Community Sector  
Excludes Private providers of NHS and Social care

(3) The Kent Health & Wellbeing Board is inheriting a scenario of diverse governance structures and relationships across health, social care and District Authority arrangements.

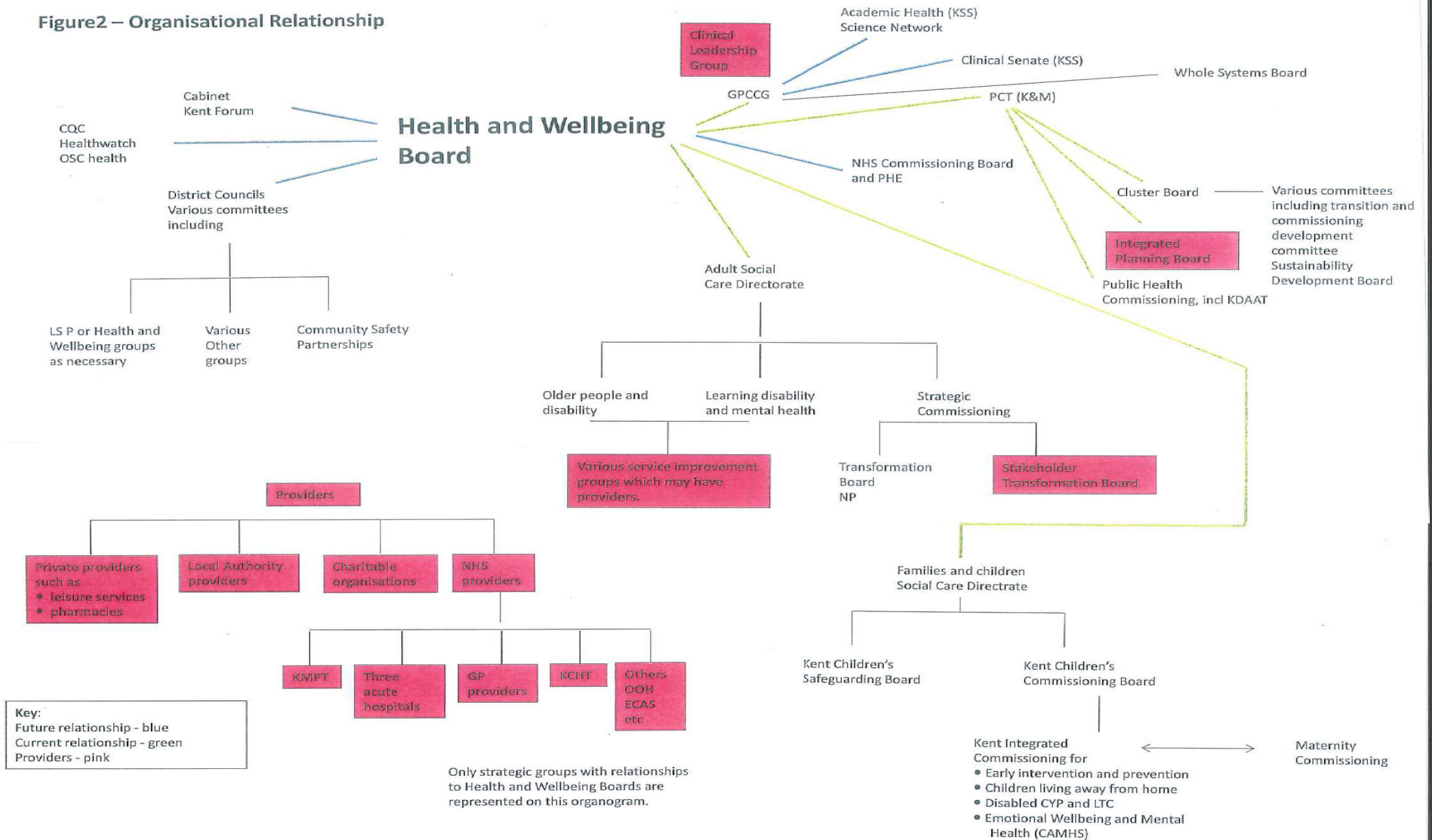
(4) For Health and Social care organisations there are arrangements in place through various forums, such as 'service improvement groups' that provide collaborative working opportunities to deliver on the agreed strategic outcomes. The groups currently have representation from provider organisations as appropriate.

(5) Separate forums also exist for District Authorities to work with partners to promote prevention activities. District Authorities also have a key primary prevention role in minimising the effect of poor housing, poor environment, [e.g. noise, air and water pollution] and transport (for example road safety measures to reduce accidents) all of which have an impact on health and social care outcomes.

(6) As the Shadow Health and Wellbeing Board evolves into a statutory body it needs to consider the way forward on how it will provide system leadership in fostering relationships, and to bring together strategic leaders in commissioning and provider organisations to develop integrated working.

(7) Figure 2 opposite illustrates the stakeholders and statutory partners that the Board will need to consider when establishing a way forward for forming future relationships.

**Figure2 – Organisational Relationship**



## **6.2 Points for consideration:**

The primary purpose of the Board is to provide a strategic framework within which the resources from across organisational boundaries are applied to the outcomes identified in the Kent Health and Wellbeing strategy. The Board members need to consider options for further enhancing strategic relationships with provider organisations and with wider stakeholders. Here are a few case studies of how other shadow Health and Wellbeing Boards are progressing on developing these relationships:

### *Case Studies:*

#### **Leicestershire**

To avoid conflict of interest providers are not a member of the Health and Wellbeing Board, however the Board has a substructure of a number of subgroups that brings together providers, users and carers, commissioners, community district forums and other stakeholders to inform commissioning decisions and support service delivery.

#### **Bracknell Forest**

The Shadow Health and Wellbeing Board is intending to have a *Health and Care Network* as a themed subgroup of the Shadow Board. The *Health and Care Network* will be set up as the primary vehicle through which the patient and public voice will be represented to the Board. It will also allow for representation from a wide range of "constituencies", including providers. Through "co-production panels", people will be able to inform debate and discussion on service commissioning and delivery. It is therefore a mechanism that extends beyond community consultation towards active involvement at individual level. During the transition year, the Network will complement existing established consultation and engagement mechanisms and is intended that the *Health and Care Network* will be subsumed by the local Healthwatch as a readymade membership base when it comes into existence in April 2013.

#### **Calderdale**

The shadow Health and Wellbeing Board has an infrastructure which has task and finish Groups. The Calderdale Assembly model provides opportunity for all stakeholders to have a say in setting priorities. The Assembly involves a large range of partners that includes providers from all sectors and service users, carer and community organisations, who will meet twice yearly, in the form of a conference.

### 6.3. Options for consideration

	Option for provider engagement	Advantages	Disadvantages	Known area where this option is currently working
1	Representation on the board beyond LINks/ HealthWatch	Foster transparency and open relationships	Could potentially provide conflict of interest and bias open competition. One provider cannot represent all other providers.	
2	A network approach, in which the HWB is seen as a hub of a wide network of groups which have two-way interaction with the work of the board.	Provides regular networking opportunity	Will require resource and systematic management of the process to be an inclusive process	Bracknell Forest is proposing to have Health Care Network. Somerset County Council.
3	Specific forums around topics, for instance carers or mental health, or around geographical areas such as districts or communities	Provide bespoke relationship building opportunities	These will be one off thematic forums and will provide disconnect between	
4	Separate provider forums	Will provide focused opportunity to get provider engagement and develop ownership	Will require resource and systematic management to ensure representation from Private and VCS organisations.	Currently Kent and Medway Cluster has an Integrated Plan Board which has representation from strategic leaders from Health and Social Commissioners and providers
5	Advisory or reference groups	Provides regular topic specific opportunity	Potential of lack of ownership	
6	Stakeholder involvement in the sub groups that report to the board, including commissioning groups	Provides micro level focused opportunity to get provider engagement and develop ownership	Has a potential of providing disconnect between the Board and potential lack of ownership.	Leicestershire has a number of subgroups to inform commissioning decisions and support service delivery.
7	Large, standing conferences or assemblies which would meet twice a year to inform the work of the board	Provide bespoke relationship building opportunities	Does not provide regular connectedness with the Board	Calderdale Assembly involves large range of partners, including providers from all sectors and service user, carer and community organisations.

#### **6.4 Kent model for consideration:**

(1) Currently there are two main strategic groups operating across the NHS and social care system in Kent and Medway which have representation from the main service provider organisations.

(2) The Clinical Leadership Group is a relatively newly established group and brings together medical, nursing, social care, public health leads and Allied Health Professionals from commissioners (including CCGs) and providers. The group can potentially act as a clinical advisory body to the Health and Wellbeing Board.

(3) The Integrated Planning Board (IPB) has Chair, Chief Executive and Medical Director representation from NHS providers. At present CCG leaders are not routinely attending the IPB, although they recognise the need to continue with this or a similar forum in future. The IPB members unanimously agree the need to have a robust relationship with the Health and Wellbeing Board, and suggest that engagement with providers will best be achieved by adopting a range of approaches both individual and collective.

(4) Additionally at the three local health economy level, the local Whole Systems Boards (WSB) led by CCGs have been / are in the process of being set up and have senior level provider representation. Currently the WSBs also have a reporting line to the Integrated Planning Board.

(5) The Health and Wellbeing Board could consider the range of options outlined above to ensure engagement with providers, perhaps using the Integrated Planning Board membership as a channel for provider engagement. In addition to this the Board could also consider holding a conference with wider stakeholders twice a year to ensure their involvement is hard wired in the key priorities for the Board.

(6) Kent is also working on developing a District level substructure with relevant CCGs and this will need to be synergised with the model for provider engagement.

(7) To develop a definitive model for Kent the following issues need to be considered:

- Do we need a mechanism at Kent level for engaging with all providers
- How do we ensure that there is appropriate representation from all sectors including VCS
- Should we consider building relationships through the Local Whole Systems Boards

#### **7. Consultation and Communication**

No external consultation on behalf of the HWB has been done so far for engagement with service providers. This discussion paper is a first attempt to determine the way forward for engagement with providers.

#### **8. Risk and Business Continuity Management**

The key risks of not considering partner engagement will be lack of a joined-up approach in the delivery of three outcomes and in the delivery of Joint Health and

Wellbeing Strategy. This paper offers a platform for discussion and to mitigate these risks.

## **9. Sustainability implications**

(1) As a system leader in the emerging landscape of health and social care reforms the HWB has an opportunity to work collectively to promote sustainable health and social care. There is an opportunity for the HWB to work with partners in a way that enhances sustainable approach in the design and delivery of services.

(2) Sustainable approach supports a range of policies and features in various policy directives. These include:

- Joint Strategic Needs Assessment (JSNAs) and health and wellbeing strategies
- integration of health and social care
- personalisation and the Think Local Act Personal agenda
- enhanced role for local authorities in public health and the outcomes framework (prevention, improvement and protection)
- UK Climate Change Act (2008) duties to both mitigate and adapt to climate change.
- requirements on health and social care commissioners to show they have considered the impact of social and environmental factors in their commissioning and procurement, and not just price.

## **10. Conclusion**

The core purpose of the Health and Wellbeing Board is to drive improvements in health and wellbeing. It is required of the Board to promote joint commissioning and integrated delivery and act as system's leader in dealing with issues that hinder this progress. For the Board to deliver on its requirements it needs to work collaboratively with all stakeholders including service providers. The Board will need to agree on how it links with the providers in the design and delivery of its strategic intentions including the delivery of the Joint Health and Wellbeing Strategy.

## **11. Recommendations**

To develop Kent model for engagement with stakeholders it is recommended that a subgroup of the Board members be formed to consider options on behalf of the Board members and report back.

## **12. Background Documents**

The following documents have been used for reference in preparation for this report:

Social Care Institute for Excellence (May 2012), Sustainable health and social care: a briefing for commissioners and health and wellbeing boards

INLOGOV and HSMC (April 2011) Briefing - Health and Wellbeing Boards: developing a successful partnership.

New partnerships, new opportunities (2012): A resource to assist setting up and running health and wellbeing boards.

Health and Care Network (2012): A proposal for wider representation in Health and Social Care commissioning through Health and Wellbeing Board arrangements, Bracknell Forest.

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